MEDICAID MEMO

Last Updated: 03/09/2022

Clarification on 17 Alpha Hydroxyprogesterone Caproate (17P) Coverage - Effective Immediately

The purpose of this memorandum is to inform providers about the process for coverage of 17 Alpha Hydroxyprogesterone Caproate (17P) for fee-for-service and managed care enrollees in Medicaid, FAMIS Plus, FAMIS, and FAMIS MOMS. This process for coverage is effective immediately.

What is 17 Alpha Hydroxyprogesterone Caproate (17P)?

17P is an injectable compound and is a natural metabolic product of the female hormone progesterone (mixed with castor oil) that has been found to be the most effective method of reducing preterm labor for women with previous spontaneous preterm births.

Who is eligible?

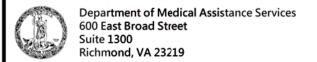
All child bearing females enrolled in Medicaid, FAMIS Plus, FAMIS and FAMIS MOMS in fee- for-service or managed care benefit plans have coverage for 17P when medically indicated by a licensed practitioner.

How do I get 17P?

For Fee-for-Service Enrollees

Physician's Office

Practitioners may order 17P through a specialty compounding pharmacy. The pharmacy must provide the practitioner with an invoice for the drug and the shipping fees if applicable. The practitioner will bill DMAS for the 17P medication using code J3490. Providers may also bill CPT 96372 for the injection of 17P. If there is a significant, separately identifiable



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Evaluation and Management (E&M) service, the provider may bill the outpatient E&M code with the appropriate modifier. The practitioner must attach the original or copy of the invoice to the CMS-1500 claim form. Providers are reimbursed by DMAS for their actual invoice cost of the medication and shipping if applicable.. The shipping costs are to be included in the provider's

total charged amount (actual drug cost plus shipping costs equals the total charged amount). The drug may not be billed until it has been administered. Follow the billing instructions for billing with attachments, modifiers and J-codes in the DMAS Physician's Manual located at www.dmas.virginia.gov.

Pharmacy

If the practitioner or enrollee prefers that the member obtain 17P through the enrollee's pharmacy benefit, please contact the Maternal and Child Health Division at DMAS at 804-786- 6134 for preauthorization. Preauthorization requirements include the following:

- 1. Enrollee's Name and Medicaid/FAMIS Plus/FAMIS/FAMIS MOMS 12 digit ID#:
- 2. Physician order for 17P;
- 3. Estimated date of delivery;
- 4. Duration of prescription;
- 5. Delivery method (ship versus pick up).

For Enrollees in a DMAS Contracted Managed Care Organization (MCO)

Prior authorization must be obtained from the specific MCO.

To obtain prior authorization, please call the appropriate MCO listed below:

AMERIGROUP: 1-800-600-4441



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Anthem HealthKeepers Plus:

1-800-901-0020 <u>CareNet Southern</u> <u>Health Services</u>: 1-800-279-1878

Optima Family Care: 1-800-881-2166

Virginia Premier Health Plan:

Richmond/Central: 1-800-727-7536

Tidewater: 1-800-828-7659

Roanoke: 1-888-338-4579

Or you may contact the Maternal and Child Health Division at DMAS @ 804-786-6134 for assistance with referral to the appropriate managed care plan.

DMAS Contact:

Email: 17progesterone@dmas.virginia.gov Phone: 804-786-6134 Fax: 804-612-0043

To submit requests via email, you must initially request a secure email by emailing DMAS at the address above. DMAS will respond with the secure link that will allow you to provide recipient information securely.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices are no longer printed and mailed free of charge. Duplicate remittance advices are now processed and sent via secure email. A processing fee for generating duplicate paper remittance advices has been applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

As of August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or



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without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned pertains to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health	SIEMENS Medical	Emdeon <u>www.emdeon.com</u>
Communications, Inc.	Solutions - Health	Telephone:
www.passporthealth.com	Services	1 (877) 363-3666
sales@passporthealth.com	Foundation Enterprise	
Telephone:	Systems/HDX	
1 (888) 661-5657	www.hdx.com	
	Telephone:	
	1 (610) 219-2322	

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com.

The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.



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COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

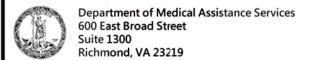
1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new



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programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.